

**Filing Fee \$20.00**

**LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**TRANSFER OF RESERVED NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to 31 MRSA §804-A.2, the undersigned transferor executes and delivers the following Transfer of Reserved Name:

\_\_\_\_\_  
(Name previously reserved pursuant to §804-A.1)

Name of original applicant \_\_\_\_\_

Name of transferee \_\_\_\_\_

Address of transferee \_\_\_\_\_

**ORIGINAL APPLICANT (Transferor)**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature of any duly authorized person)

\_\_\_\_\_  
(type or print name and capacity)

This transfer of reserved name will expire 120 days from the date of filing the original application.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**